

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2022

FOR THE TOWN OF RANDOLPH ENROLLEES

FY23 JULY 1 2022

Active Employees, Retirees and Survivors without Medicare

	Teacher Who Retired Before July 1, 2009 Pays Monthly %	Teacher Who Retired Before July 1, 2009 Pays Monthly \$	Teacher Who Retired Before July 1, 2009 Pays Monthly \$	Employee and Non- Medicare Retiree/ Survivor Pays Monthly %	Employee and Non- Medicare Retiree/ Survivor Pays Monthly \$	Employee and Non- Medicare Retiree/ Survivor Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Harvard Pilgrim Independence Plan	15%	\$155.40	\$380.19	17%	\$176.13	\$430.89
Harvard Pilgrim Primary Choice Plan	15%	\$112.01	\$286.44	15%	\$112.01	\$286.44
Health New England	15%	\$100.46	\$240.32	15%	\$100.46	\$240.32
AllWays Health Partners Complete HMO	15%	\$126.67	\$331.75	15%	\$126.67	\$331.75
Tufts Health Plan Navigator	15%	\$125.50	\$306.89	17%	\$142.23	\$347.81
Tufts Health Plan Spirit	15%	\$101.36	\$245.18	15%	\$101.36	\$245.18
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	25%	\$309.77	\$688.16	40%	\$495.64	\$1101.06
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	25%	\$294.98	\$654.49	40%	\$471.97	\$1047.18
UniCare State Indemnity Plan/Community Choice	15%	\$93.57	\$233.01	17%	\$106.05	\$264.08
UniCare State Indemnity Plan/PLUS	15%	\$121.71	\$290.81	17%	\$137.94	\$329.59

Rates are calculated by the Town of Randolph Human Resources Office.

**RATE QUESTIONS?
CALL: (781) 961-0911**

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MONTHLY RATES AS OF JULY 1, 2022

FOR THE TOWN OF RANDOLPH ENROLLEES

FY23 JULY 1 2022

Retirees and Survivors with Medicare

Health Plan	Teacher Who Retired Before July 1, 2009 Pays Monthly Per Person		Retiree and Survivor Pays Monthly Per Person	
	%	\$	%	\$
Harvard Pilgrim Medicare Enhance	15%	\$63.60	20%	\$84.79
Health New England MedPlus	15%	\$64.54	20%	\$86.06
Tufts Health Plan Medicare Complement	15%	\$60.90	20%	\$81.20
Tufts Health Plan Medicare Preferred*	15%	\$51.81	20%	\$69.08
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	15%	\$62.01	20%	\$82.67
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	15%	\$60.30	20%	\$80.40

**Tufts Health Plan Medicare Preferred is subject to federal approval and may change on January 1, 2021*

GIC RETIREE DENTAL PLAN

Monthly GIC Plan Rates as of July 1, 2022

\$1,250 Maximum Annual Benefit Per Member

Coverage Type	Retiree Pays Monthly
Single	\$28.88
Family	\$69.57

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